

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO. 10667472 FILING DATE \_\_\_\_\_  
APPLICANT(S) \_\_\_\_\_

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5						
6						
7						
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9						
10	/					
11		/				
12		/				
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28		/				
29	/					
30		/				
31		/				
32		/				
33		2				
34		2				
35		2				
36		/				
37		/				
38		/				
39		/				
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41		/				
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43		/				
44		/				
45		/				
46		/				
47		/				
48		/				
49		/				
50		/				
TOTAL IND.	→		→		→	
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						

	IND	DEP	IND	DEP	IND	DEP
51		/				
52		/				
53		/				
54		/				
55		/				
56		/				
57		/				
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97						
98						
99						
100						
TOTAL IND.	→		→		→	
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						